

Fill in this information to identify the case:

Debtor name Peninsula Research Ormond Beach, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 6:18-bk-04498 Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 24, 2018X /s/ Angel Ribo

Signature of individual signing on behalf of debtor

Angel Ribo

Printed name

CEO and President

Position or relationship to debtor

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Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: **Summary of Assets**1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.001b. **Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 164,010.161c. **Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 164,010.16Part 2: **Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 2,076,435.183. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 569.023b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 194,118.184. **Total liabilities**

Lines 2 + 3a + 3b

\$ 2,271,122.38

Fill in this information to identify the case:

Debtor name **Peninsula Research Ormond Beach, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **6:18-bk-04498** Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **Interacoastal Bank account** **checking** **0754** **\$1,124.16****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,124.16**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes Fill in the information below.**11. Accounts receivable**

11a. 90 days old or less:	81,386.00	-	0.00	=	\$81,386.00
	face amount		doubtful or uncollectible accounts		

Debtor Peninsula Research Ormond Beach, LLC
NameCase number (*If known*) 6:18-bk-0449812. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$81,386.00**Part 4: Investments****13. Does the debtor own any investments?**

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. Office furniture

Office Furniture: 5 desks with hutch and credenza, 10 modular workspace desks, 15 desk chairs, 10 conference room chairs, conference room table, 15 desk top computers, 2 lap top computers, 4 cellular phones, 2 tablets, 4 murphy beds, refrigerator, 8 flat screen tvs, 4 filing cabinets, digital phone system 30 phones.

Approximately \$20,000Unknown\$20,000.00**40. Office fixtures****41. Office equipment, including all computer equipment and communication systems equipment and software****42. Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$20,000.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

Debtor Peninsula Research Ormond Beach, LLC _____ Case number (*If known*) 6:18-bk-04498 _____
 Name _____

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1. <u>2017 Lexus ES350</u>	<u>Unknown</u>	<u>\$30,000.00</u>
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47.2. <u>2015 Audi A6</u>	<u>Unknown</u>	<u>\$25,000.00</u>
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48. Watercraft, trailers, motors, and related accessories *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

<u>Refrigerated Centrifuge</u>	<u>\$0.00</u>	<u>\$4,000.00</u>
--------------------------------	---------------	-------------------

<u>2 degree - 8 degree lab refrigerator</u>	<u>Unknown</u>	<u>\$2,500.00</u>
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

<u>\$61,500.00</u>

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.

Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example,	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor	Peninsula Research Ormond Beach, LLC	Name	Case number (<i>If known</i>)	6:18-bk-04498
acreage, factory, warehouse, apartment or office building, if available.				
55.1.	325 Clyde Morris Blvd, Suite 430, Ormond Beach, FL 32174	Unknown	Unknown	
55.2.	325 Clyde Morris Blvd, Suite 220, Ormond Beach, FL 32174	Unknown	Unknown	

56. **Total of Part 9.** \$0.00
 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
 No
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
 No
 Yes

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Debtor Peninsula Research Ormond Beach, LLC
NameCase number (*If known*) 6:18-bk-04498Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$1,124.16</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$81,386.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$20,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$61,500.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$164,010.16</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$164,010.16</u>

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	<p>Ameris Bank Creditor's Name 225 South Main Street Moultrie, GA 31768 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number CICI Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. Ameris Bank 2. Volusia County Taxes 3. Florida First Capital</p>	<p>Describe debtor's property that is subject to a lien 325 Clyde Morris Blvd, Suite 430, Ormond Beach, FL 32174</p> <p>Describe the lien Mortgage</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$140,442.70 Unknown
2.2	<p>Capital Source Creditor's Name 5404 Wisconsin Ave 2nd Floor Chevy Chase, MD 20815 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 8653</p>	<p>Describe debtor's property that is subject to a lien 325 Clyde Morris Blvd, Suite 220, Ormond Beach, FL 32174</p> <p>Describe the lien Mortgage</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	\$520,972.19 Unknown

Debtor	Peninsula Research Ormond Beach, LLC	Case number (if known)	6:18-bk-04498
Name			
<p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		<p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	
<hr/> <p>2.3 Capital Source</p> <p>Creditor's Name 5404 Wisconsin Ave 2nd Floor Chevy Chase, MD 20815</p> <p>Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p>		<p>Describe debtor's property that is subject to a lien 90 days or less: Accounts Receivable due</p> <p>\$640,000.00 \$81,386.00</p> <hr/> <p>Describe the lien secured by business</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	
<p>Last 4 digits of account number</p> <hr/> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>1. CBSG 2. Capital Source 3. Jill Keough Blumenstein 4. Mulligan Funding/Globelend 5. Trust Funding/Samson 6. Intracoastal Bank 7. Forward Financing/Cresthill 8. SPG 9. YES Funding</p>		<p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	

2.4	CBSG	Describe debtor's property that is subject to a lien 90 days or less: Accounts Receivable due	\$129,861.45	\$81,386.00
Creditor's Name				
<p>22 N. 3rd Street Philadelphia, PA 19106</p> <p>Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p>		<hr/> <p>Describe the lien UCC Lien</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
<p>Date debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <hr/> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>Specified on line 2.3</p>		<p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		

Debtor Peninsula Research Ormond Beach, LLC
NameCase number (if known) 6:18-bk-04498

2.5	Florida First Capital Creditor's Name 1351 N. Gadsen Street Tallahassee, FL 32303 Creditor's mailing address	Describe debtor's property that is subject to a lien 325 Clyde Morris Blvd, Suite 430, Ormond Beach, FL 32174	\$116,115.17	Unknown
		Describe the lien Second Mortgage		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Specified on line 2.1		
2.6	Forward Financing/Cresthill Creditor's Name 315 Madison Avenue, Ste 4026 New York, NY 10017 Creditor's mailing address	Describe debtor's property that is subject to a lien 90 days or less: Accounts Receivable due	\$35,000.00	\$81,386.00
		Describe the lien UCC Lien		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Specified on line 2.3		
2.7	Intracoastal Bank Creditor's Name 2140 LPGA Boulevard Daytona Beach, FL 32117 Creditor's mailing address	Describe debtor's property that is subject to a lien 90 days or less: Accounts Receivable due	\$150,000.00	\$81,386.00
		Describe the lien secured by business		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		

Debtor Peninsula Research Ormond Beach, LLC

Case number (if known)

6:18-bk-04498

Last 4 digits of account number

0791

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.3**

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

2.8 Jill Keough Blumenstein

Creditor's Name

**2425 N. Center Street
#355
Hickory, NC 28601**

Creditor's mailing address

Describe debtor's property that is subject to a lien

90 days or less: Accounts Receivable due**\$142,000.00****\$81,386.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.3**

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

2.9 Lexus Financial Services

Creditor's Name

**PO Box 4102
Carol Stream, IL
60197-4102**

Creditor's mailing address

Describe debtor's property that is subject to a lien

2017 Lexus ES350**\$46,911.74****\$30,000.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

**2.1
0 Mulligan
Funding/Globelend**

Describe debtor's property that is subject to a lien

\$50,349.00**\$81,386.00**

Debtor	Peninsula Research Ormond Beach, LLC	Case number (if known)	6:18-bk-04498
Name			
Creditor's Name		90 days or less: Accounts Receivable due	
Attn: Legal Department 4619 Viewridge Avenue Suite C San Diego, CA 92123			
Creditor's mailing address			
Creditor's email address, if known			
Date debt was incurred			
Last 4 digits of account number			
0754			
Do multiple creditors have an interest in the same property?			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			
Specified on line 2.3			
2.1	SPG	Describe debtor's property that is subject to a lien	\$10,626.00
1	Creditor's Name	90 days or less: Accounts Receivable due	
Banco Deleon 10 Brower Avenue Woodmere, NY 11598			
Creditor's mailing address			
Creditor's email address, if known			
Date debt was incurred			
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			
Specified on line 2.3			
2.1	Suntrust Consumer Loan	Describe debtor's property that is subject to a lien	\$37,710.63
2	Pymts	2015 Audi A6	
Creditor's Name			
PO Box 791144 Baltimore, MD 21279-1144			
Creditor's mailing address			
Creditor's email address, if known			
Date debt was incurred			
Last 4 digits of account number			
Purchase Money Security			
Is the creditor an insider or related party?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Is anyone else liable on this claim?			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)			

Debtor Peninsula Research Ormond Beach, LLC

Case number (if known)

6:18-bk-04498**Do multiple creditors have an interest in the same property?**

No

Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.1 3	<p>Trust Funding/Samson Creditor's Name 30 Broad Street, 14th Floor Suite 14108 New York, NY 10004 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>Specified on line 2.3</p>	<p>Describe debtor's property that is subject to a lien 90 days or less: Accounts Receivable due</p> <p>Describe the lien UCC lien</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	\$45,000.00	\$81,386.00
2.1 4	<p>Volusia County Taxes Creditor's Name Volusia County Revenue Div 123 West Indiana Ave Deland, FL 32720 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>5101</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>Specified on line 2.1</p>	<p>Describe debtor's property that is subject to a lien 325 Clyde Morris Blvd, Suite 430, Ormond Beach, FL 32174</p> <p>Describe the lien Property Taxes</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	\$820.30	Unknown
2.1 5	<p>YES Funding</p>	<p>Describe debtor's property that is subject to a lien</p>	\$10,626.00	\$81,386.00

Debtor Peninsula Research Ormond Beach, LLC

Case number (if known)

6:18-bk-04498

Name

Creditor's Name

**30 Broad Street
14th Floor, Suite 14108
New York, NY 10004**

Creditor's mailing address

90 days or less: Accounts Receivable due

Describe the lien

UCC Lien

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.3**

As of the petition filing date, the claim is:

Check all that apply

 Contingent Unliquidated Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,076,435.1**8****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Capital Source
75 Remittance Drive
Dept 6673
Chicago, IL 60675-6673**Line 2.2**Capital Source
75 Remittance Drive
Dept 6673
Chicago, IL 60675-6673**Line 2.3**Christian George
Akerman LLP
50 N Laura St
Suite 3100
Jacksonville, FL 32202**Line 2.1**CICI**

Fill in this information to identify the case:

Debtor name Peninsula Research Ormond Beach, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 6:18-bk-04498 Check if this is an amended filingOfficial Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Florida Dept of Revenue 5050 W. Tennessee St Tallahassee, FL 32399-0125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$569.02 \$569.02
	Date or dates debt was incurred	Basis for the claim: Sales and Use Tax	
	Last 4 digits of account number 8577 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Internal Revenue Service Central Insolvency Dept. P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Peninsula Research Ormond Beach, LLC Name	Case number (if known)	6:18-bk-04498
3.1	Nonpriority creditor's name and mailing address ADP 10200 Sunset Drive Miami, FL 33173 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>8112</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.2	Nonpriority creditor's name and mailing address American Express P.O. Box 650448 Dallas, TX 75265-0448 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>2002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,078.08
3.3	Nonpriority creditor's name and mailing address American General Life Ins. PO Box 305293 Nashville, TN 37230-5293 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>2921</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,535.87
3.4	Nonpriority creditor's name and mailing address APS Security Systems 545 Ballough Road Daytona Beach, FL 32114 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>8182</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$223.34
3.5	Nonpriority creditor's name and mailing address Atlantic Communications 403 South Yonge Street Ormond Beach, FL 32174 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.6	Nonpriority creditor's name and mailing address C-12 Group of E Central FL 2881 Shanandoah Road Deland, FL 32720 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,950.00
3.7	Nonpriority creditor's name and mailing address Center Watch 10 Winthrop Square 5th Floor Boston, MA 02110 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Peninsula Research Ormond Beach, LLC Name	Case number (if known)	6:18-bk-04498
3.8	Nonpriority creditor's name and mailing address Chase Ink P. O. Box 1423 Charlotte, NC 28201 Date(s) debt was incurred _____ Last 4 digits of account number <u>3781</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,226.59
3.9	Nonpriority creditor's name and mailing address Chase Slate Cardmember Services P O Box 1423 Charlotte, NC 28201-1423 Date(s) debt was incurred _____ Last 4 digits of account number <u>6901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,936.50
3.10	Nonpriority creditor's name and mailing address CitiCards PO Box 9001037 Louisville, KY 40290 Date(s) debt was incurred _____ Last 4 digits of account number <u>6505</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,766.35
3.11	Nonpriority creditor's name and mailing address ClinEdge 222 Field Street New Bedford, MA 02740 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.12	Nonpriority creditor's name and mailing address Cobb Cole P.O. Box 2491 Daytona Beach, FL 32115 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,800.27
3.13	Nonpriority creditor's name and mailing address Complion Inc 1621 Euclid Avenue #1251 Cleveland, OH 44115 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.14	Nonpriority creditor's name and mailing address Daytona Fire & Safety 179 Carswell Avenue Daytona Beach, FL 32117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.48

Debtor Peninsula Research Ormond Beach, LLC

Case number (if known)

6:18-bk-04498

Name

3.15	Nonpriority creditor's name and mailing address Dell Business Credit Processing Center P. O. Box 5275 Carol Stream, IL 60197-5275	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,293.49
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Business Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address Diane Lane 42 Aspen St Daytona Beach, FL 32124	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,473.50
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Loan</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address East Central Florida Outpatient Imaging 717 20th Street Columbus, GA 31904	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$150.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address Elite Recruitment Solutions 906 Glazebrook Loop Orange City, FL 32763	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$500.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address Fed Ex PO Box 660481 Dallas, TX 75266-0481	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21.32
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address Florida First Capital 1351 N. Gadsen Street Tallahassee, FL 32303	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$50,000.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>0485</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>loan</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address Image One Janitorial Svrs 658 Douglas Avenue #100 Altamonte Springs, FL 32714	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$443.85
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Peninsula Research Ormond Beach, LLC Name	Case number (if known)	6:18-bk-04498
3.22	Nonpriority creditor's name and mailing address IPFS Corporation 24722 Network Place Chicago, IL 60673-1247 Date(s) debt was incurred __ Last 4 digits of account number <u>3AHL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,342.79
3.23	Nonpriority creditor's name and mailing address Kings Transporation Group 114 Reva Street Daytona Beach, FL 32114 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.00
3.24	Nonpriority creditor's name and mailing address Motor Vehicle Network 1 Selleck Street Suite 3A Norwalk, CT 06855 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.25	Nonpriority creditor's name and mailing address NEC Financial Services, LLC 24189 Network Place Chicago, IL 60673 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$582.71
3.26	Nonpriority creditor's name and mailing address Ormond Beach Chamber of Commerce Attn: Ivey Rodriguez 165 West Granada Blvd. Ormond Beach, FL 32174 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$382.50
3.27	Nonpriority creditor's name and mailing address Pro-Active Computer Svc, Inc 6148 Sabal Point Circle Port Orange, FL 32128 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	Nonpriority creditor's name and mailing address Real Time Software Solutions 8535 Wurzbach Road Suite 210 San Antonio, TX 78240 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.00

Debtor	Peninsula Research Ormond Beach, LLC	Case number (if known)	6:18-bk-04498
Name			
3.29	Nonpriority creditor's name and mailing address State Farm Insurance 1387 W. Granada Blvd. Ormond Beach, FL 32174	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$743.61
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number B859	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address Stericycle Inc. P.O. Box 6582 Carol Stream, IL 60197	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$299.50
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address Tower Hill Prime Insurance f/k/a Rockhill Insurance P.O. Box 865001 Orlando, FL 32886	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,086.27
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address US Bank Equip Finance PO Box 790448 Saint Louis, MO 63179-0448	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	Nonpriority creditor's name and mailing address US Biomedical Svc Options 23324 Robbins Road Astatula, FL 34705	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address Vista Clinical Services 4290 South Hwy 27 #201 Clermont, FL 34711	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$155.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address Vital Records Control of FL Dept 5874 P O Box 11407 Birmingham, AL 35246	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$863.92
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Peninsula Research Ormond Beach, LLC

Case number (if known)

6:18-bk-04498

Name

3.36	Nonpriority creditor's name and mailing address W. B. Mason Company Inc. P.O. Box 981101 Boston, MA 02298	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$642.24
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number 6873	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5a. \$	569.02
5b. + \$	194,118.18

5c. \$	194,687.20
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Fill in this information to identify the case:

Debtor name Peninsula Research Ormond Beach, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 6:18-bk-04498 Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name **Peninsula Research Ormond Beach, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **6:18-bk-04498** Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**Column 2: **Creditor**

Name	Mailing Address	Name	Check all schedules that apply:
------	-----------------	------	---------------------------------

2.1	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	American Express	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.2 <input type="checkbox"/> G _____
2.2	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	American General Life Ins.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.3 <input type="checkbox"/> G _____
2.3	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Ameris Bank	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	APS Security Systems	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.4 <input type="checkbox"/> G _____
2.5	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Atlantic Communications	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.5 <input type="checkbox"/> G _____

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	C-12 Group of E Central FL	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.7	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Capital Source	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	CBSG	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Center Watch	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____
2.10	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Chase Ink	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.11	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Chase Slate	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
2.12	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	CitiCards	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
2.13	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	ClinEdge	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.11</u> <input type="checkbox"/> G _____

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Cobb Cole	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
2.15	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Complion Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
2.16	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Daytona Fire & Safety	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.14</u> <input type="checkbox"/> G _____
2.17	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Dell Business Credit	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
2.18	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Diane Lane	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
2.19	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	East Central Florida	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
2.20	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Elite Recruitment Solutions	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.18</u> <input type="checkbox"/> G _____
2.21	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Fed Ex	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Florida First Capital	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.23	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Forward Financing/Cresthill	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.24	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Image One Janitorial Srvs	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
2.25	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Intracoastal Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.26	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	IPFS Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____
2.27	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Jill Keough Blumenstein	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.28	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Kings Transporation Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.23</u> <input type="checkbox"/> G _____
2.29	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Lexus Financial Services	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.30	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Motor Vehicle Network	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.24</u> <input type="checkbox"/> G _____
2.31	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Mulligan Funding/Globelend	<input checked="" type="checkbox"/> D <u>2.10</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.32	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	NEC Financial Services, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.25</u> <input type="checkbox"/> G _____
2.33	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Ormond Beach Chamber	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.26</u> <input type="checkbox"/> G _____
2.34	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Pro-Active Computer Svc, Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.27</u> <input type="checkbox"/> G _____
2.35	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Real Time Software Solutions	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.28</u> <input type="checkbox"/> G _____
2.36	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	SPG	<input checked="" type="checkbox"/> D <u>2.11</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.37	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	State Farm Insurance	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.29</u> <input type="checkbox"/> G _____

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.38	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Stericycle Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
2.39	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Suntrust Consumer Loan Pymts	<input checked="" type="checkbox"/> D <u>2.12</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.40	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Tower Hill Prime Insurance	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.31</u> <input type="checkbox"/> G _____
2.41	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Trust Funding/Samson	<input checked="" type="checkbox"/> D <u>2.13</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.42	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	US Bank Equip Finance	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.32</u> <input type="checkbox"/> G _____
2.43	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	US Biomedical Svc Options	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.33</u> <input type="checkbox"/> G _____
2.44	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Vista Clinical Services	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.34</u> <input type="checkbox"/> G _____
2.45	Angel and Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Vital Records Control of FL	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.35</u> <input type="checkbox"/> G _____

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.46 Angel and Carol Ribo 3 Ehrly Place
Palm Coast, FL 32164 W. B. Mason Company Inc. D _____
 E/F 3.36
 G _____

2.47 Angel and Carol Ribo 3 Ehrly Place
Palm Coast, FL 32164 YES Funding D 2.15
 E/F _____
 G _____

2.48 Angel and Carol Ribo 3 Ehrly Place
Palm Coast, FL 32164 Capital Source D 2.3
 E/F _____
 G _____

2.49 Angel and Carol Ribo 3 Ehrly Place
Palm Coast, FL 32164 Florida First Capital D _____
 E/F 3.20
 G _____

Fill in this information to identify the case:

Debtor name **Peninsula Research Ormond Beach, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **6:18-bk-04498** Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business** None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From **1/01/2018** to **Filing Date**

Operating a business

\$198,000.00

Other _____

For prior year:

From **1/01/2017** to **12/31/2017**

Operating a business

\$730,223.00

Other _____

For year before that:

From **1/01/2016** to **12/31/2016**

Operating a business

\$840,209.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Peninsula Research Ormond Beach, LLC**Case number (if known) **6:18-bk-04498**

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Debtor **Peninsula Research Ormond Beach, LLC**Case number (if known) **6:18-bk-04498**

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.			
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. The Law Offices of Scott W. Spradley, P. P. O. Box 1 109 South 5th Street Flagler Beach, FL 32136	Filing fee	7-26-18	\$2,000.00
Email or website address scott.spradley@flaglerbeachlaw.com			
Who made the payment, if not debtor? Mike Alfonso			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
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Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498**Name and address****Date of service
From-To**

26a.1. **Michael J Duranceau, CPA**
595 W. Granada Blvd
Suite E
Ormond Beach, FL 32174

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address**If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory**

Date of inventory

**The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Angel Ribo	3 Ehrly Place Palm Coast, FL 32164	Managing Member, CEO and President	
Carol Ribo	3 Ehrly Place Palm Coast, FL 32164	Vice President	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Debtor Peninsula Research Ormond Beach, LLCCase number (if known) 6:18-bk-04498

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 24, 2018

/s/ Angel Ribo

Signature of individual signing on behalf of the debtor

Angel Ribo

Printed name

Position or relationship to debtor CEO and President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

United States Bankruptcy Court
Middle District of Florida

In re <u>Peninsula Research Ormond Beach, LLC</u>	Debtor(s)	Case No. <u>6:18-bk-04498</u>
		Chapter <u>11</u>

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO and President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 24, 2018

Signature /s/ Angel Ribo
Angel Ribo

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of Florida**

In re Peninsula Research Ormond Beach, LLC _____ Case No. 6:18-bk-04498
Debtor(s) Chapter 11 _____

VERIFICATION OF CREDITOR MATRIX

I, the CEO and President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 24, 2018

/s/ Angel Ribo
Angel Ribo/CEO and President
Signer>Title

United States Bankruptcy Court
Middle District of Florida

In re Peninsula Research Ormond Beach, LLC

Debtor(s)

Case No. 6:18-bk-04498
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>10,000.00</u>
Prior to the filing of this statement I have received	\$ <u>0.00</u>
Balance Due	\$ <u>10,000.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 24, 2018

Date

/s/ Scott W. Spradley

Scott W. Spradley 782467

Signature of Attorney

The Law Offices of Scott W. Spradley, P.A.

P. O. Box 1

109 South 5th Street

Flagler Beach, FL 32136

386 693 4935 Fax: 386 693 4937

scott.spradley@flaglerbeachlaw.com

Name of law firm